

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 APR 14 PM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **POS000078374**

1. Corporation Name

**Clersaint Home Care Service
Inc.**

2. Principal Office Address - No P.O. Box #

2484 Silver Star Rd
Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 960
Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Ocoee FL

Zip

Country

32808 USA

Zip

Country

34761 USA

7. Name and Address of Current Registered Agent

Name **Jeannette L Clersaint**

Street Address (P.O. Box Number is Not Acceptable)

2484 Sand Ave
Suite, Apt. #, Etc.

City **Orlando FL**

State **FL**

Zip Code **32808**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Jeannette L Clersaint

REGISTERED AGENT MUST SIGN

Date **3/12/10**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
O	Philome millien	2471 Orsota cir	Ocoee FL 34761
O	Robin Powell	1795 Sheeler Rd	Apopka, FL 32703
O	Candye Curtis	1795 Sheeler Rd	Apopka, FL 32703

10. E-mail Address: **UClersaint66@yahoo.com**

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Jeannette Clersaint

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/10

Date

407-844-1419

Daytime Phone #

000175653180
04/14/10--01002--003 **8.75

000175653180
04/14/10--01002--008 **750.00

REINSTATEMENT 06-10

4. Date Incorporated or Qualified
To Do Business in Florida

5/21/2005

5. FEI Number

74-3145567

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

4/14/10